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My Interpretation of the Hospital Corps Pledge

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(ONE COMMENT)

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We should all strive to be the example that everyone tries to emulate, but sometimes that means showing others how to fail gracefully and recover with dignity.

“I solemnly pledge myself before God and these witnesses to practice faithfully all of my duties as a member of the Hospital Corps.”

This is a much more meaningful statement than it appears at first glance. Placed at the very beginning, it is recited almost mechanically, somewhat like “once upon a time”, without much thought given to what it actually implies. Does the new corpsman really understand the lengths to which he or she is promising to go for the patient? The difficult treatment decisions they will have to make? Does the new corpsman realize what additional job descriptions come with being a corpsman? Medical provider, yes, but what about nursemaid? Babysitter? Shepherd? Tutor? Counselor? Personal Trainer? Mentor? I didn’t understand all this when

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Does the new corpsman really understand the lengths to which he or she is promising to go for the patient?

I said this at graduation. There’s a lot more to it than just casualty assessment and sick call.

“I hold the care of the sick and injured to be a privilege and a sacred trust and will assist the Medical Department Officer with loyalty and honesty.”

There are two different people in the treatment dynamic who need to be able to trust a corpsman: the patient and the medical officer. A patient in a military setting expects a particular level of competence when he or she comes in for treatment. The patient wants his medical providers to know what is wrong with him and how to make it feel better. In almost all instances, the patient will do whatever I tell him to do, because he believes that I know what I’m doing. If I fail at this stage, if he loses that trust in my training and knowledge, all his future encounters with medical personnel will be tinged with doubt.

The medical officer also expects a particular level of competence, however, he or she is forgiving when a situation arises in which the corpsman has no previous experience. Then it becomes a teaching opportunity. But when it comes to the basic fundamentals, the medical officer does not want to review what should have been learned in corps school. If I fail at the basics, and the medical officer has to retrace all of my initial steps in order to get everything in its proper place, then I’ve not only created more work for him, but also made my presence irrelevant. If the medical officer doesn’t trust that I know what I’m doing, then there’s little point in keeping me around, because at best I’m in the way, and at worst, I’m a hazard.

“I will not knowingly permit harm to come to any patient.”



In almost all instances, the patient will do whatever I tell him to do, because he believes that I know what I’m doing.

Another deceptively meaningful statement. It’s easy to conjure the image of the battlefield corpsman sacrificing his body for the protection of his patient. With a little effort, I can draw a connection to the medical ward and consider the use of a wheelchair so a sick call patient doesn’t lose his balance and fall unnecessarily. But what about on liberty, when everyone’s bar-hopping? Shouldn’t I expect all corpsmen to automatically volunteer to be the designated non-drinker, based on everything we know about the dangers of excessive alcohol intake? And yet, shouldn’t I expect all

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corpsmen to be non-smokers, based on everything we know about the effects of tobacco products? And yet, shouldn't I expect all corpsmen to achieve high scores on the PFA, based on the knowledge we have of the benefits and advantages of regular exercise? And yet, in this statement, the corpsman has to ask himself how much and what kinds of harm are acceptable, and after answering that, what kinds of harm does he have the power to prevent through his actions, training, and knowledge?

“I will not partake of nor administer any unauthorized medication.”

This speaks to the integrity that every corpsman must have in order to do their job. At first glance, it's easy to say, "I would never ...", but it's exactly the quality of integrity that makes the difference when there is no one else around. The effects of the higher schedule drugs are well known, and the temptation is often too much to resist.

However, this statement also speaks to the knowledge that every corpsman must possess about different medications. It's not to say that they have to know everything about every drug, but enough to know what is necessary and where to find more information if needed. They need to know the contraindications for something as common as hydrocortisone and for something as specialized as Imitrex. They also need to know which medications they are allowed to give themselves and which ones they have to get permission for. It's not always about theft of medications; it's more commonly about giving what you're not allowed to give.

“I will hold all personal matters pertaining to the private lives of patients in strict confidence.”



This statement seems easy enough on the surface. The importance of privacy is repeatedly emphasized, but too often the focus is limited to the information in the health record. But this statement applies to a much wider spectrum of private information, to include treatment instructions, diagnoses, and in some cases, duty status. This is not usually an issue when discussing the patient with the provider or with other corpsmen in the aid station. The challenge comes when the patient's staff NCO wants to know what is going on. Strictly speaking, it is not my place to discuss the patient's treatment matters with anyone who is not part of

his treatment team.

It also applies to the too-common practice of sharing “sea stories” about patients. Sure, I can tell the story of the sick call presentation or injury or whatever in such a way that the patient is not identified by name, but I can't guarantee that the patient's identity won't be discovered in the details. It has been a way to pass the time for corpsmen for a long time, but again, it is not my place to discuss past patient encounters with anyone who was not part of the treatment team at that time.

“I dedicate my heart, mind, and strength to the work before me.”

Do I really? Do you? Does anyone? Would any of us do this job for free? Do we strive to become specialists in our knowledge of our rating? Do we have to be told to leave the aid

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station because we're spending too much time there? Do we have our noses in our training manuals during our off time? Are we exercising our minds with scenarios? Are we preparing our bodies for the 100-yd fireman carry? Do we believe in the work that we do? Do we believe that we make a difference in people's lives? Are we really and truly prepared to lay down our lives in defense of our friends? Or are we just "5 and out", doing the minimum required until our EAOS?

"I shall do all within my power to show in myself an example of all that is honorable and good throughout my naval career."

"Honorable and good" does not mean perfect. We are all going to make mistakes, some more serious than others. The key is to find the lesson in the mistake, learn from it, and the pass that education on. We should all strive to be the example that everyone tries to emulate, but sometimes that means showing others how to fail gracefully and recover with dignity. When people look back on their experiences with you, how do you want them to remember you?

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John A Arrao I
To me there are Three types of Corpsman...nice air conditioned hospital or branch clinic type 3...first responder...ambulance or BDS type 2...FMF line Corpsman " DOC"
Corpsman Up any where any time any place type1 only FMF Corpsman earn the FMF ribbon and the FMF crest...I am Proud that I was type 1 FMF oooh rah Naval Infantry
Semper Fi Fair winds and following seas

